CUSTOMER INVESTIGATION REQUEST - CREDIT CARD TRANSACTIONS

Please fill out this form using a black pen, and provide additional information on a separate page.

Customer Name:																	
Card Number:																File reference (if available)	

Transaction Date	Merchant Name	*Amount*	*Reference*

I dispute the above transaction(s) for the following reason (Please tick one box only):

☐ **Duplicate billing** – I was charged more than once for a single authorised transaction. I authorised $_____ on _____ (date). I haven't authorised the other transaction/s. My card was in my/our possession at the time of the transaction.

☐ **Non-receipt of Goods** – Documentation required: Please enclose any invoice details received from the merchant indicating when goods were to be received. Goods were to be received on _____.

Refund/Credit not processed

☐ Credit transaction receipt issued but credit not processed to my account. Documentation required: Please enclose credit transaction receipt. OR

☐ Goods returned to merchant but refund not processed. Documentation required: Please enclose proof that merchant *received* the returned merchandise i.e. Registered Mail receipt or courier invoice signed by the merchant upon receipt of the goods.

☐ **Cancelled membership/subscription** – Date Cancellation was made on _____
Documentation required: Please provide a copy of cancellation notice.
Note: Refund can only be requested if your account is debited 15 calendar days after cancellation date.

☐ **ATM transaction not completed** – Cash was not disbursed/ ATM only disbursed $_____, but transaction amount has been billed to my account.

☐ **Paid by other means** – the transaction was charged to my account and was also paid by other means.
Documentation required: Please enclose proof of payment by other means i.e. cash receipt, cardholder copy of 'other' credit/charge card transaction receipt.

☐ **Incorrect amount charged** – Amount charged is incorrect, the transaction amount should be $_____.
Documentation required: Please enclose transaction receipt.

☐ **Services not rendered** – Services for the transaction(s) were not rendered due to the inability/unwillingness of the merchant. I have attempted to resolve this dispute with the merchant and/or merchant's liquidator.
Date services were to be provided on _____.
Documentation required: Please enclose documentation proving that the services were not rendered i.e. media coverage, a written notice from the merchant or their liquidators.

☐ **Cancelled Accommodation** – Accommodation was booked and cancelled within cancellation policy
Cancellation date _____ with Cancellation number _____.

☐ **Unauthorised transaction** – The transaction wasn't authorised by the Primary or Additional Cardholder. My card was in my/our possession at the time of the transaction. Note: Your Credit Card will be cancelled and a replacement card will be issued (subject to replacement card eligibility policy)

☐ **Other** – If your dispute does not fall into any of the above categories, please attach a detailed explanation of the circumstances surrounding your dispute.

I authorise Virgin Money to investigate/correct the transaction(s) in dispute.
Where necessary I enclose the relevant supporting documentation.

_____ (Signature) _____ ____ / ____ / ____ (Date)
Primary Cardholder Account number

_____ (Signature) _____ ____ / ____ / ____ (Date)
Additional Cardholder Account number

Return by Fax – 1300 664 197 or Fax Overseas - +61 2 82755818
Post to: Credit Card Disputes, Transaction Services, Virgin Money. GPO BOX 40 SYDNEY NSW 2001

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